

views of Wilson, Molluscum may be defined as a disease creating a change in the sebaceous follicles of the skin, in which such cell changes can be noted as are seen in other tumours seated in this tissue. The Contagious Molluscum of Bateman, will include the cases of Patterson, Henderson, Biett and Worthington, and is probably nothing more than a disordered secretion and change of structure in the sebaceous crypts as stated by Wilson; while the cases of Rayer, of Hale Thompson, Atlee, and that at the head of this paper may be regarded as fibro-sciirrous and albuminous degeneration of the same structure. Such an arrangement of the disease will be found to harmonize all the cases heretofore reported. It is deserving of special notice, viz., that if as stated the disease is seated in the sebaceous tumours, it must be, as it has been, amenable to constitutional treatment, and is certainly not malignant and probably not contagious, though when it is attended with complications of the general system it may present the ordinary variety of fungus haematozoa or medullary sarcoma, and has hence been well named as Albuminous Molluscum. There is, therefore, but little reason to doubt that an obstruction or a fibro-sciirrous or medullary degeneration of the sebaceous follicles, combined with a marked cachexia, may be regarded as the pathology of this complaint. In the case now reported, the injury to the sebaceous follicles of the skin on the arm, merely induced the medullary deposit and the development of the constitutional disease just related, in the same manner that a local injury will lead to the development of cancer in any other organ of the body. The fact, as stated by Dr. Leidy, of the growth of a portion of the tumour taken thirty-six hours after death, and after being thirty hours in ice and inserted into the skin of a frog, presents an instance of vascular action not often met with. The well known accuracy of the observer and character of the Association to which the frog was shown, leave no doubt of the correctness of the point stated.

PHILADELPHIA, July, 1851.

---

ART. VIII.—*On Nausea and Vomiting as a Symptom of Cardiac Polypus.*

By GEO. W. BASKIN, M. D., Member of the American Medical Association. (Read before the Mercer County Medical Society.)

AMONG the diseases which are difficult to diagnose with precision, are some of those which involve the heart and its appendages. True, there are certain phenomena present in those cases, which to the observant pathologist, unerringly point to the diseased organ; and, by the aid of percussion and auscultation, the practiced ear may and does determine, absolutely, the exact nature and location of most of the lesions affecting that viscera; but there are still some lesions of the heart, for the detection of which we have no certain diagnostic sign. In this last class we may confidently place *the formation and presence*

of a polypus or polypi within its cavity or cavities. Writing on this subject, one of the latest and best of authors says, "their symptoms are uncertain." Another, no less distinguished, says the diagnosis "cannot be easy" but may be suspected from an aggravation of general symptoms; while a third adds a long enumeration of symptoms, that may possibly indicate it (but which are common to all diseases of the heart). "We confess that we have no other means of resolving this difficulty, than by a reference to the progress of the disease." Concurrent with the opinions thus quoted is the testimony of all our standard medical writers, and we are thus, for the detection of this disease, left without any guide, other than what is furnished by the consideration of a certain set of symptoms, which pertain alike to all diseases of the heart. There is then still room for inquiry on this subject, and it is proposed to submit briefly two cases of *Polypi of the Heart*, with such remarks as have suggested themselves, in the hope that they may assist in resolving the difficulty. Let me premise that by the term "Polypus of the heart" is meant those fibrinous concretions which occur some time previous to death, become semi-organized, and by their presence in the heart, occasion a decided disturbance of its functions, ultimately endangering the life or producing the death of the patient. There is another species of polypus—so called—formed by the coagulation, or a separation of the constituent parts of the blood, just before, or at the moment of dissolution—but to them we do not have any reference.

CASE I.—Mr. L. L., aged forty-five, was seen in the spring of 1846, labouring under a dropsical affection, the primary cause of which had not, at that time, been ascertained. His whole body was anasarcaous and enormously swollen; large fluid accumulations distended the belly and filled the thorax, and there were also present unequivocal symptoms of effusion into the ventricles of the brain—with pressure more particularly about the root of the optic nerves. Under appropriate treatment—medicinal and operative—he was relieved of his dropsy, and he was then (it had been impossible to do it at an earlier period) carefully examined. His heart, which was enlarged and hypertrophied, with some trifling evidence of valvular obstruction, and his liver, which was much enlarged, were the only organs in which any lesion was discoverable, and their condition sufficiently accounted for all the symptoms that had been observed. His health in a short time had improved so much that further attendance on him became unnecessary, and the progress of the case for some months is unnoticed.

In February, of the subsequent winter, I was again called to see him, and he was then suffering as much as at any time before, from a return of the more prominent symptoms. The reaccumulation of water in his belly and chest had been very gradual, but had become so great as seriously to interfere with his respiration, and the consequent necessity of a constantly upright position, together with sleeplessness and want of rest, had very much prostrated him. A marked feature, however, was an occasional, but increasingly frequent tendency to *nausea and vomiting*—a symptom that had been particularly observed by the patient himself, as different from any suffering he had previously had. Physical exploration revealed, more distinctly, the cardiac enlargement, and a decided obstruction to the closure of the aortic semi-lunar valves. He was again relieved for a short time, but about six weeks

prior to his death, which occurred early in the following April, there was a great aggravation of all the symptoms, especially those dependent upon deranged function. The occasional nausea and vomiting soon became constant, and for some days before dying it was impossible to administer any nourishment, or drink, or anything whatever. That symptom was beyond the control of medicine, even for mitigation. He died suddenly, as if by syncope while sitting in his chair, and in a few hours afterwards, assisted by my father, an examination was made of his body. Circumstances prevented a very extended investigation, and our attention was therefore at once directed to those parts, which, during life, had afforded the most evidence of disease—the thoracic and abdominal viscera. Simply premising that, in addition to a general anasarca, there were found large quantities of fluid in both the large cavities, we will speak of the condition of their contained organs. On opening the thorax the lungs were seen bearing some traces of an old pneumonia, and there were some slight adhesions between the right lung and the costal pleura, but there was no evidence of any recent disease. The pericardium contained about twice as much fluid as ordinary, and, considering how general the effusions had been in other parts, it was a matter of surprise that so small an amount had occurred in that sac.

The heart, being separated and removed from the body, was found to be greatly enlarged, and its cavities, laid open, disclosed an excessive hypertrophy of the left ventricle. The weight of the viscera, apart from the right auricle, which had been carelessly severed, was twenty-one ounces. Within the left ventricle was found a *polypus*—a semi-organized mass of a yellowish-white colour, opaque, of a fibrinous structure, and of an oblong, irregular form, measuring nearly three inches in length, one in width, and three lines in thickness. It was attached to the ventricular walls by small shreds or fibres, through the columns carnea, and thence, gradually lessening in size, it extended into the orifice of the aorta, there to be similarly connected with the free margins of the semilunar valves. The valves themselves, and every other part of the organ, except those already specified, were perfectly normal.

Around the *pyloric orifice of the stomach* there was a very slight scirrrous deposit, but not, by any means, sufficient to produce any functional disturbance, and apart from that, not the least mark of disease was perceptible.

The liver was slightly enlarged—not near so much as had been supposed—and on its surface was deposited, in irregular patches, a substance not unlike cartilage in colour, structure, and hardness.

Our investigations were carried no farther.

CASE II.—Miss P., aged about nineteen, and of medium size, had been in ill health for nearly a year. In the month of October last, she rather suddenly and rapidly grew worse. Two symptoms, more particularly noticed by the family from their unpleasant character and the distress they occasioned the patient, were an exceeding great dyspnoea, and nausea and vomiting. The former had been present, in some degree, during her entire sickness, but was much aggravated, and the latter had only manifested itself for the first time at the period when she grew worse. About a week after thus becoming worse, she was suddenly seized with convulsions, and, on that occasion, I first saw her, she having been under the care of another physician previously. The convulsions returned with much violence several times after I began attending upon her, and had they not been evidently dependent upon causes not likely to produce such, I would have pronounced them to be epileptic, so nearly did they assume the peculiarities of that disease. Prospectively, let me remark, that she was not again so affected until a few days previous to her death. As soon as possible, a careful examination of her case was insti-

tated, and the suspicion, that an observance of her general symptoms awakened, of disease of the heart in some form was confirmed thereby. Auscultation over the cardiac region afforded a loud and distinct sawing sound, mingled with an indescribable murmur or noise, such as I had not before met with, or seen described. Greatly predominant, however, was the *sawing* sound, but owing to the complication just noticed, the exact location of the lesion producing it could not be determined. Percussion revealed an increased bulk of the heart, as also some effusion into the chest. The lower extremities were swollen and oedematous, as were the hands occasionally. Her pulse, varying in frequency, was hurried, small, and irregular. No disease of the lungs or abdominal viscera could be detected. These physical signs continued unchanged throughout the case, but in its progress, those dependent entirely upon functional derangement, were greatly aggravated. As in case No. 1, the nausea and vomiting became almost constant. It occurred under all circumstances and at all hours, frequently disturbing her repose, and at no time could it be traced to a certain cause. So persistent was this symptom as to induce frequent but fruitless searchings for some organic gastric lesion, and by it even the little relief that else might have been afforded her, she was deprived of. A remarkable hemorrhagic tendency was manifested by an almost constant dropping of blood from the nose, oozing from the cutaneous pores of the face, and, towards the close of life, by a sanguineous vaginal discharge, which, from the time of its occurrence and other circumstances, we were prevented from regarding as a true menstrual flux.

A fatal prognosis was, of course, promulgated and a palliative treatment adopted.

A few days before she died, she was again seized with convulsions, followed by a deep coma in which she died, just six weeks from the time I first visited her.

*Autopsy*, thirty hours after death, in the presence of Drs. Grier, Hunt, and Harnet.

As in the preceding case, attention was specially directed to those organs in which, from symptoms present during life, we had reason to suspect we would find the seats of disease. Hence we first opened her chest, within which, on the left side was found some dropsical effusion, not, however, in sufficient quantity to produce any great degree of dyspnoea. The lungs were clear of any sign of disease, recent or remote.

The heart and its appendages were next removed from the body and carefully examined.

The pericardium was empty of its usual fluid. On the inner surface of the sac as well as on the outer surface of the heart were found rough granular patches of fibrinous deposits, varying in size, and evidently the result of an acute pericarditis. The heart was much enlarged and hypertrophied. With the means at hand we ascertained its weight to be at least seventeen ounces, but this is only an approximation to the true weight, and, it is possible that it may have been as much as a half ounce more. Certain it is, however, the organ had doubled its normal weight and dimensions. Neither in the appearance of its walls, nor within the cavities of the right side, was anything unusual noticed. The hypertrophy was found to be confined entirely to the walls of the left ventricle, whose cavity was much diminished in capacity. Within it was a mass of semi-organized fibrinous tissue, of almost cartilaginous hardness, opaque and of a yellowish-white colour. This concretion was nearly four inches in length, and at its largest part measuring about one inch in width and three or four lines in thickness. Thence tapering towards each end, the one extremity passed through the auricle and extended some way into

the pulmonary vein, while the other extremity was attached to the cardiac walls near the apex. From the whole length of this body, small threads or fibres passed off to fasten themselves firmly to different points of the auricular and ventricular surfaces. The body of the polypus was firmly adherent to, and lying between the free margins of the mitral valves, and by its presence utterly preventing an accurate approximation or wide separation of them. The result of this condition of the parts was, that not only regurgitation of blood from ventricle to auricle was not prevented, but that the passage of blood from auricle to ventricle was impossible to a great extent; thus producing a fulness of the pulmonary vein and a consequent engorgement of the lungs. Hence would arise much of the dyspnoea that marked the case, and this fulness and engorgement of the circulatory system, propagated to the brain from the great centre, would account for the occurrence of convulsions at the period when the polypus is supposed to have formed.

The stomach presented not the least trace of disease (much to our surprise and contrary to all expectation), nor did any other of the abdominal viscera present anything unusual in their appearance.

*Remarks.*—The object of this paper is to inquire whether the sudden occurrence of nausea and vomiting, and its continuance in the progress of and concurrently with other undoubted symptoms of heart disease, can be considered as pathognomonic of the formation and presence of fibrinous concretions or polypi within the heart?

It is not proposed to evolve a theory from the phenomena of the two cases cited, but it is conceived that they, taken in connection with collateral reasons, would justify the belief that there is some truth in the idea broached in the inquiry.

One fact, worthy of note, is that no writer in the enumeration of the symptoms of any other morbid condition of the heart, mentions or alludes to the presence of nausea and vomiting; since, if observant practitioners and pathologists, with extensive opportunities of observing the course and phenomena of diseases of which they write, do not any of them notice a particular symptom, the inference is fair that it has not occurred, and never does occur, and hence in other cases, when present, would be deserving of special attention.

But there are two authors of eminence—though only two, that are known to me—who mention the occurrence of nausea and vomiting in connection with the presence of fibrinous concretions in the heart. In his book on that organ, Aran, in speaking of this special condition, says—after giving other general symptoms—that there “is nausea and continued vomitings, and in some cases, stupor and feeble convulsive movements.” On the same disease Hope remarks, that “if there is a sudden aggravation of the symptoms common to disease of the heart,” occasionally accompanied with nausea and vomiting, the presence of a fibrinous concretion may be suspected.” So far as the authority of books will avail—however slight it may be—it certainly favours the idea that nausea and vomiting, conjoined with other symptoms of heart disease, is rather peculiar to the polypus of that organ.

My own experience and observation would tend to confirm the opinion. Very many cases of diseased heart—in my own as also in the practice of

others—have fallen under my observation and examination. The diagnosis, in some of the cases, was confirmed by the opinion of the most eminent physicians in this country, and in an equal number by careful post-mortem examinations; but in only one besides the two given were the sickness and vomiting observed. In that one, disease of the aortic valves was thought clearly to have been made out, but no opportunity offered after death of confirming the truth of that opinion, nor of verifying the suspicion entertained, that there was present a fibrinous concretion. The absence of these symptoms, in my practice, holds good even for those cases of functional derangement of the heart, when we would most readily expect that, through the disordered nervous system, there would be some sympathetic derangement of the stomach and other important parts of the economy.

In the two cases given, it will be observed 1st, that, in both cases, there was a sudden aggravation of all the symptoms of heart disease some weeks prior to their death.

2d. That, simultaneously therewith, the patients were seized with nausea and vomiting—which continued unabated through life.

Knowing as we do, by actual observation, that there were polypi in these cases, we are ready to infer that their formation and presence was marked by the sudden and continued aggravation of all the general symptoms. And being also in the knowledge of the fact that there was not, in either case, any lesion of the stomach to produce the nausea and vomiting, may we not, with equal justice, infer that as these symptoms occurred simultaneously, and continued with the others, they resulted from the same cause? But we have also, in the one case, the occurrence of convulsions at a short period after the supposed formation of the polypi, their return before the death of the patient, and that death preceded for some days by coma—which symptoms Aran considers as rather indicative of the condition in question—to strengthen us in the inference, that the concretions were antecedent to the beginning of the nausea and vomiting.

We will not attempt to theorize upon the subject—to give the why or the wherefore of these things—but trust, that if there is any force in the position submitted, that it will be confirmed by the observations of others.

MENCKEN, March 1851.

---

ART. IX.—*Case of Stricture of the Oesophagus.* By ROBERT H. CUMMINS, M. D., Wheeling, Virginia.

THE subject of the disease was the child of Mr. James Blake, an interesting little girl between three and four years of age. On the last day of August, 1850, the mother had reduced to a liquid state, for a domestic purpose, a portion of common potash, such as is made from wood ashes, and is used in